

Leaver's Name		Reviewer Name	
Case Number		Pin Number	

Leaver's Address		Leaver's Phone Number	
New Address		New Phone Number	

DWD REVIEW OF CASES W/ NO CASH ASSISTANCE FOR AT LEAST 2 MONTHS
Contact Tracking Sheet

Date	Time of Day	Type Contact (circle one)	Search Result	Comments	Final Result
		Tel House			
		Tel House			
		Tel House			
		Tel House			
		Tel House			
		Tel House			
		Tel House			

RESULT CODES

Code	Search Result
N	No Answer/Not home
A	Made Appointment/Call Back
S	Searched New Phone/Address
L	Left Message
D	Phone disconnected
C	Collateral contact

Code	Final Result
I	Doesn't meet definition of a leaver
U	Moved/No address or phone
O	No answer after repeated contacts
R	Refused-stated would not participate
P	Passive refusal
D	Died
J	In Jail
H	Other (include no translator)
T	Telephone Interview Completed
C	Household Interview Completed

WISCONSIN DEPARTMENT OF WORKFORCE DEVELOPMENT
Review of W-2 Cases

Hello, my name is _____.

I'd like to speak to (respondent)

(If no respondent is there, determine if respondent still lives there. Either attempt to arrange a callback, or if moved, find out where respondent moved.)

The Wisconsin Department of Workforce Development wants to learn about what is happening with people who had received W-2 cash benefits. As a former or current W-2 participant, you will be paid \$25 for participating in this survey. We know your time is valuable to you.

I understand that your family left W-2 cash assistance during the period July 1, 1998 through September 30, 1998. We would like to ask you some questions about your experience during that time and find out how you are doing. Not all of the questions I'll ask will be relevant to your life, but we need to ask you the same questions we ask everyone else to get a good picture of what life is like after people stop receiving W-2 cash benefits.

It is up to you whether you answer my questions or not. Anything you say during the interview will be kept confidential. Nothing you say to me will cause you or your family to lose any benefits now or in the future. None of this information will be given to your current or prior W-2 workers.

May I begin now?

NO

Terminate, thank person,
REFUSED SURVEY

YES

CONTINUE

START TIME FOR INTERVIEW: _____
DATE OF INTERVIEW (mm/dd/yy): _____

0. Are you currently working in a CSJ or W-2T or are you receiving W-2 cash assistance for a newborn?
- ☐ YES ☐ NO ☐ Don't Know ☐ No Response

If No, Don't Know, No Response, go to Survey #1

If YES, go to Survey #2

1. First, I am going to ask you a set of questions about each person in your current household. First names are enough to identify them. Please include all those with whom you live as of today. Interviewer: if question is marked "16+," ask it of all household members who are 16 or older.

	a	b	c	d	e	f	g	h	i	j	k	l
	DOB mm/ dd/ yy	SEX M/F	Marital Status of Adults 16+ (C)	Relationship to Respondent (D)	Years of School	Highest degree 18+ (F)	Educational Certificates 18+ (WRITE IN RESPONSE)	Employ- ment status 16+ (H*)	Does person have health ins? YES/NO	If no ins., why not? (J*) Most important reason	Health Ins. Type (K)	If Private Ins., who pays premium? (L*)
1	Respondent			Don't ask R				Don't ask R				
2												
3												
4												
5												
6												
7												
8												

C	1	Single-Never Married
	2	Married
	3	Separated
	4	Legally Separated
	5	Divorced
	6	Annulled
	7	Widowed
	8	Unknown

F	1	Less than H.S. Completion
	2	High School Diploma
	3	High School Equivalence
	4	2-year Associate Degree
	5	College/Baccalaureate Degree
	6	Masters Degree/Professional Post-graduate or higher
	7	Don't Know

K	1	Medicaid, Medical Assistance, Title 19, Healthy Start, BadgerCare
	2	Medicare
	3	CHAMPUS., Tri-Care, Military
	4	Tribal, Indian Health Service
	5	Private insurance (HMOs, BCBS, Supplemental Insurance)
	6	Don't Know

D	1	Son/Daughter
	2	Stepson/Stepdaughter
	3	Brother/Sister
	4	Mother/Father
	5	Husband/Wife
	6	Girlfriend/Boyfriend
	7	Friend
	8	Roommate
	9	Aunt/Uncle
	10	Niece/Nephew
	11	SisOter/Brother-in-law
	12	Mother/Father-in-law
	13	Grandchild
	14	Foster Child
	15	Cousin
	16	Other (specify who)
	17	Grandparent

H*	PROBE for detail:	
	1	Currently Employed F/T
	2	Currently Employed P/T (30 Hrs. or less)
	3	Not employed, looking for employment
	4	Not employed, not looking for employment
	5	Don't Know

J*	Say: What would you say is the main reason [you/he/she] do/does not have health insurance?	
	1	Can't afford it
	2	Employer doesn't offer it
	3	Child's father lost insurance (i.e., person used to be covered by child's father's insurance)
	4	Lost MA/Title 19 eligibility
	5	Pre-existing condition
	6	Other (write in space above)
	7	Don't Know

L*	PROBE for detail:	
	1	Respondent's Employer pays all of premium
	2	Person's Employer pays all
	3	Other's Employer pays all (who: _____)
	4	Respondent's Employer pays part
	5	Other's Employer pays part/(not Respondent) pays rest
	6	Employer pays part/ Other pays rest (who: _____)
	7	Respondent pays all
	8	Person (not Respondent) pays all
	9	Other pays all (who: _____)
	10	Don't Know

	Total persons in the household (incl. Respondent)
--	--

*Interviewer's note:

Q1k, response 3: Possible that adults or children were covered by the child's father's insurance. If child's father himself lost insur., PROBE.

**If there are more than 8 people in the household, please include them and ask all the same questions about them. Record answers on additional pages. BadgerCare. If employer pays part/R pays part or R pays all, it's private insur.;

	18	Step-Parent
	19	Fiance

If R pays part/State pays part or State pays all, it's Medicaid/BadgerCare

HOUSEHOLD GRID QUESTIONS (Formatted for Field Interviewers' Use)

(Repeat questions for each individual living in the household.)

How many people do you currently live with?

(Total persons in household – lower right side below the grid)

What are their names?

a. **When were you/this person born?**

b. *(If necessary: Are you/Is this person male or female?)*

c. **What is your/this person's marital status?** Categories are listed in box C below the grid.

(This question is asked for each individual 16 year of age and older.)

d. **What is this person's relationship to you?** Categories to enter are located in box D.

(DON'T ASK R)

e. **What is the highest year of school that you/this person have/has completed?**

(If less than grade 1, enter 0.)

f. **What is the highest degree that you/this person have/has received?**

Categories are listed in box F below the grid.

(This is asked of everyone 18 year of age or older. If no degree, enter none.)

g. **Do you/this person have/has any educational certificates? What are they?**

(This is asked of everyone 18 year of age or older. If no certificates, enter none.)

h. **Is this person currently employed?** *(Ask for those 16 years of age and older only.)*

(If yes): Is he/she employed full-time or part-time (30 hours or less)?

(If no): Is he/she looking for work?

Categories are listed in box H below the grid.

i. **Do you/this person have/has Medical Assistance, Title 19, Medicare, BadgerCare , or any other type of health insurance?**

j. *(If no health insurance):* **What would you say is the MAIN reason you/this person do/does not have health insurance?**

Categories are listed in box J below the grid.

k. *(If has health insurance):* **What type of health insurance do you have?**

Categories are listed in box K below the grid.

l. *(If has health insurance):* **Who pays the premium?**

Categories are listed in box L below the grid.

EMPLOYMENT

Now let's talk about your current or most recent employment. This could include regular employment, working odd jobs for pay, or self-employment in your own business, such as child care or farming.

2. Are you presently working at a job that pays you money?

(*NOTE: If R is on leave, e.g. maternity leave, but is still receiving a salary from job, R is considered to be EMPLOYED for study purposes. And please make a note of it.)

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If Yes, go to "Currently Employed", page 10, question 10

If No, Don't Know, or No Response - continue

3. Are you currently looking for a job, either full or part-time?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

4. I'd like you to think about the things that stop you from working for pay. What is the main reason that stops you from working for pay? (Probe): Does anything else stop you from working? What else?

	Check One Main Reason	Check all Other Reasons
Can't find a job	<input type="checkbox"/>	<input type="checkbox"/>
Can't find a job that pays enough	<input type="checkbox"/>	<input type="checkbox"/>
Want to stay home with child(ren)	<input type="checkbox"/>	<input type="checkbox"/>
Don't have the skills/experience	<input type="checkbox"/>	<input type="checkbox"/>
In full or part time education	<input type="checkbox"/>	<input type="checkbox"/>
Physical/Mental illness or injury	<input type="checkbox"/>	<input type="checkbox"/>
(SELF)	<input type="checkbox"/>	<input type="checkbox"/>
(Care of OTHER PERSON)	<input type="checkbox"/>	<input type="checkbox"/>
Laid off from job	<input type="checkbox"/>	<input type="checkbox"/>
Fired from job	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Quit a job	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you worked at a job that paid you money since you stopped receiving W-2 cash benefits between July and September of 1998?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If No, Don't Know, or No Response - go to "EVERYONE" page 14, question 14

If Yes, continue

6. When you last worked, did you work at more than one job at the same time?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If No, Don't Know, or No Response - go to page 6, question 8

If **Yes**, CONTINUE

7. How many jobs did you have at the same time when you last worked? _____

8. Let's talk about your most recent job (If the individual had more than one job say): the one with the most hours per week

Was this temporary work or odd jobs, seasonal employment, self-employment, or a regular job?

☐ Temporary

☐ Self-Employment

☐ Seasonal

☐ Odd Jobs

☐ Regular Job

8.1 About how many hours per week did you usually work at this job? _____ Hours

8.2 How much did you earn at this job per hour? Please include all earnings such as tips, commissions, regular overtime pay, and so on. (Note: Gross Income) (Prompt if R. refuses to give hourly wage): You can tell how much per hour or per week.

\$_____ per Hour \$_____ per Week ☐ Don't Know ☐ No Response

If **self-employed**, go to page 7, question 8.7

8.3 Did you receive a pay increase while working for this employer?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

If **No, Don't Know, or No Response** - go to page 7, question 8.7

If **Yes**, continue

8.4 Did your job duties change when the pay increased?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

If **No, Don't Know, or No Response** - go to page 7, question 8.7

If **Yes**, continue

8.5 Did the new job duties include additional training?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

If **No, Don't Know, or No Response** - go to page 7, question 8.7

If **Yes**, continue

8.6 Who provided the training?

☐ Employer (either classroom or on-the-job)

☐ Government Training Program

☐ Vocational School

☐ Other (Specify) _____

8.7 How long did you work for this employer or in self-employment? (Prompt): You don't need to be exact.

_____ ☐ Weeks ☐ Months ☐ Don't Know ☐ No Response

8.8 What was your job called or if you had a specific job title, what was that?
(Prompt if necessary: The most recent title)

8.9 What were your job duties? (Prompt): Until you understand what the job was

8.10 What was the name of this employer or business where you worked?

8.11 (If not mentioned, ask): What kind of business or industry was that? (Prompt if necessary): How would you describe the major product or service of this employer?

8.12 How long did it take you to travel to work at this job? (Note: One-way only)
Please only think about travel time to work and include the time it takes to drop your children off at child care.

_____ ☐ Minutes _____ ☐ Hours ☐ Work at home

If respondent **works at home and has one job**, go to "EVERYONE" *page 14, question 14*

If respondent **works at home and has more than one job**, go to *page 8, question 9*

If respondent **does not work at home**, continue

8.13 What method of transportation did you generally use to get to this job?

(Probe): if unclear

<input type="checkbox"/> Own Vehicle (car/truck/motorcycle)	<input type="checkbox"/> Borrow Vehicle
<input type="checkbox"/> Car Pool/Get a ride	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Bus
<input type="checkbox"/> Walk	<input type="checkbox"/> Other (specify) _____

8.14 Did you have problems getting to this job because you did not have transportation?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** and individual had only one job –
go to "EVERYONE" , *page 14, question 14*

If **Yes**, continue

8.15 What kind of transportation problems were they?

8.16 How often did you have these transportation problems? Was it frequently, sometimes, not very often, or hardly ever?

☐ Frequently ☐ Sometimes ☐ Not Very Often ☐ Hardly Ever

If **only one job** go to "EVERYONE" page 14, question 14

9. (Say): Now, about your job with the next most hours per week...

Was this temporary work or odd jobs, seasonal employment, self-employment, or a regular job?

☐ Temporary ☐ Self-Employment ☐ Seasonal
☐ Odd Jobs ☐ Regular Job

9.1 About how many hours per week did you usually work at this job?

_____Hours

9.2 How much did you earn at this job per hour? Please include all earnings such as tips, commissions, regular overtime pay, and so on. (Note: Gross Income)
(Prompt if R. refuses to give hourly earnings): You can tell how much per hour or per week.

\$_____ per Hour \$_____ per Week ☐ Don't Know ☐ No Response

9.3 Did you receive a pay increase while working for this employer?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 9, question 9.7

If **Yes**, continue

9.4 Did your job duties change when the pay increased?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 9, question 9.7

If **Yes**, continue

9.5 Did the new job duties include additional training?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 9, question 9.7

If **Yes**, continue

9.6 Who provided the training?

☐ Employer (either classroom or on-the-job)
☐ Government Training Program
☐ Vocational School
☐ Other (Specify) _____

- 9.7 How long did you work for this employer or in self-employment? (Prompt): You don't need to be exact.
 _____ ☐ Weeks ☐ Months ☐ Don't Know ☐ No Response
- 9.8 What was your job called or if you had a specific job title, what was that?
 (Prompt: The most recent title)

- 9.9 What were your job duties? (Prompt): Until you understand what the job was

- 9.10 What was the name of this employer or business where you worked?

- 9.11 (If not mentioned, ask): What kind of business or industry was that? Prompt, if necessary: How would you describe the major product or service of this employer?

- 9.12 How long did it take you to travel to work at this job? (Note: One-way only)
 Please only think about travel time to work and include the time it takes to drop your children off at child care.
 _____ ☐ Minutes _____ ☐ Hours ☐ Work at home

If **worked at home**, go to "EVERYONE" page 14, question 14.

If **traveled to work**, continue

9.13 What method of transportation did you generally use to get to this job?

(Probe): if unclear

- | | |
|---|--|
| <input type="checkbox"/> Own Vehicle (car/truck/motorcycle) | <input type="checkbox"/> Borrow Vehicle |
| <input type="checkbox"/> Car Pool/Get a ride | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Other (specify) _____ |

9.14 Did you have problems getting to this job because you did not have transportation?
☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to "EVERYONE" page 14, question 14

If **Yes**, continue

9.15 What kind of transportation problems were they?

9.16 How often did you have these transportation problems? Was it frequently, sometimes, not very often, or hardly ever?
☐ Frequently ☐ Sometimes ☐ Not Very Often ☐ Hardly Ever

Go to "EVERYONE" page 14, question 14

Begin **CURRENTLY EMPLOYED** here:

10. Now I have a few questions about your current employment. Are you working more than one job at the same time?

(*NOTE: If R is on leave, eg. maternity leave, but is still receiving a salary from job, R is considered to be EMPLOYED for study purposes. And please make a note of it.)

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to question 12

If **Yes**, continue

11. How many jobs do you have at the same time? _____

12. (If more than one say): Let's talk about the job with the most hours per week.

Is this temporary work or odd jobs, seasonal employment, self-employment, or a regular job?

☐ Temporary ☐ Self-Employment ☐ Seasonal
☐ Odd Jobs ☐ Regular Job

- 12.1 About how many hours per week do you usually work at this job? _____ Hours

- 12.2 How much do you earn at this job per hour? (Note: Gross Income)
Please include all earnings such as tips, commissions, regular overtime pay, and so on. (Prompt if R. refuses to give hourly earnings): You can tell how much per hour or per week.

\$_____ per Hour \$_____ per Week ☐ Don't Know ☐ No Response

- 12.3 Have you received a pay increase while working for this employer?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 11, question 12.7

If **Yes**, continue

- 12.4 Did your job duties change when the pay increased?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 11, question 12.7

If **Yes**, continue

- 12.5 Did the new job duties include additional training?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 11, question 12.7

If **Yes**, continue

12.6 Who provides the training?

- ☐ Employer (either classroom or on-the-job)
- ☐ Government Training Program
- ☐ Vocational School
- ☐ Other (Specify) _____

12.7 How long have you worked for this employer or been self-employed? (Prompt): You don't need to be exact.

_____ ☐ Weeks ☐ Months ☐ Don't Know ☐ No Response

12.8 What is your job called or if you have a specific job title, what is that?

12.9 What are your job duties? (Prompt): Until you understand what the job was

12.10 What is the name of this employer or business where you work?

12.11 (If not mentioned, ask): What kind of business or industry is that? (Prompt if necessary): How would you describe the major product or service of this employer? _____

12.12 How long does it take you to travel to work at this job? (Note: One-way only) Please only think about travel time to work and include the time it takes to drop your children off at child care.

_____ ☐ Minutes _____ ☐ Hours ☐ Work at home

If respondent **works at home and has more than one job**, go to page 12, question 13

If respondent **works at home and has one job**, go to "EVERYONE" page 14, question 14

If respondent **does not work at home**, continue

12.13 What method of transportation do you generally use to get to this job?

(Probe): if unclear

- | | |
|---|--|
| <input type="checkbox"/> Own Vehicle (car/truck/motorcycle) | <input type="checkbox"/> Borrow Vehicle |
| <input type="checkbox"/> Car Pool/Get a ride | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Other (specify) _____ |

12.14 In the last month, have you had problems getting to this job because you did not have transportation?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** AND **more than one job** – go to page 12, question 13

If **No, Don't Know, or No Response** AND **one job** - go to "EVERYONE" page 14, question 14

If **Yes**, continue

12.15 What kind of transportation problems were they?

12.16 How often did you have these transportation problems? Frequently, sometimes, not very often, or hardly ever?

☐ Frequently ☐ Sometimes ☐ Not Very Often ☐ Hardly Ever

If **only one job go** to "EVERYONE" page 14, question 14

13. (If more than one say): Let's talk about your second job or the next one with the most hours per week. Is this temporary work or odd jobs, seasonal employment, self-employment, or a regular job?

☐ Temporary ☐ Self-Employment ☐ Seasonal
☐ Odd Jobs ☐ Regular Job

13.1 About how many hours per week do you work at this job? _____ Hours

13.2 How much do you get paid for this job per hour? (Note: Gross Income)
Please include all earnings such as tips, commissions, regular overtime pay, and so on. (Prompt if R. refuses to give hourly earnings): You can tell how much per hour or per week.

\$ _____ per Hour \$ _____ per Week ☐ Don't Know ☐ No Response

13.3 Have you received a pay increase while working for this employer?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 13, question 13.7

If **Yes**, continue

13.4 Did your job duties change when the pay increased?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 13, question 13.7

If **Yes**, continue

13.5 Do the new job duties include additional training?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 13, question 13.7

If **Yes**, continue

13.6 Who provides the training?

☐ Employer (either classroom or on-the-job)
☐ Government Training Program

- ☐ Vocational School
☐ Other (Specify) _____

13.7 How long have you worked for this employer or been self-employed? (Prompt): You don't need to be exact.

_____ ☐ Weeks ☐ Months ☐ Don't Know ☐ No Response

13.8 What is your job called or if you have a specific job title, what is that?

13.9 What are your job duties? (Prompt): Until you understand what the job was

13.10 What is the name of this employer or business where you work?

13.11 (If not mentioned, ask): What kind of business or industry is that? (Prompt, if necessary): How would you describe the major product or service of this employer?

**13.12 How long does it take you to travel to work at this job? (Note: One-way only)
Please only think about travel time to work and include the time it takes to drop your children off at child care.**

_____ ☐ Minutes _____ ☐ Hours ☐ Work at home

13.13 What method of transportation do you generally use to get to this job?

(Probe): if unclear

- | | |
|---|--|
| <input type="checkbox"/> Own Vehicle (car/truck/motorcycle) | <input type="checkbox"/> Borrow Vehicle |
| <input type="checkbox"/> Car Pool/Get a ride | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Other (specify) _____ |

13.14 In the last month, have you had problems getting to this job because you do not have transportation?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to "EVERYONE" page 14, question 14

If **Yes**, continue

13.15 What kind of transportation problems were they?

13.16 How often did you have these transportation problems? Was it frequently, sometimes, not very often, or hardly ever?

☐ Frequently ☐ Sometimes ☐ Not Very Often ☐ Hardly Ever

CONTINUE with "EVERYONE" on page 14

EVERYONE

14. Do you live with a spouse or the parent of at least one of your children?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 16, question 21

If **Yes**, continue

14.1 What is this person's first name? _____

15. Does (this person) **now** work at a job that pays money? By work I mean regular employment, working odd jobs for pay, or self-employment in his/her own business, such as child care or farming?

(*NOTE: If Person is on leave, eg. maternity leave, but is still receiving a salary from job, he/she is considered to be EMPLOYED for study purposes. And please make a note of it.)

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **Yes**, go to question 17

If **No, Don't Know, or No Response** - continue

16. Now I'd like you to think about the things that stop (this person) from working for pay. What do you think is the main reason that stops (this person) from working for pay? (Probe): Does anything else stop (this person) from working? What else?

	Check <u>One</u> <u>Main Reason</u>	Check <u>all</u> <u>Other Reasons</u>
Can't find a job	<input type="checkbox"/>	<input type="checkbox"/>
Can't find a job that pays enough	<input type="checkbox"/>	<input type="checkbox"/>
Want to stay home with child(ren)	<input type="checkbox"/>	<input type="checkbox"/>
Don't have the skills/experience	<input type="checkbox"/>	<input type="checkbox"/>
In full or part time education	<input type="checkbox"/>	<input type="checkbox"/>
Physical/Mental illness or injury	<input type="checkbox"/>	<input type="checkbox"/>
(SELF)	<input type="checkbox"/>	<input type="checkbox"/>
(Care of OTHER PERSON)	<input type="checkbox"/>	<input type="checkbox"/>
Laid off from job	<input type="checkbox"/>	<input type="checkbox"/>
Fired from job	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Quit a job	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

GO TO page 16, question 21

17. Does (this person) **now** work more than one job?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 15, question 19

If **Yes**, continue

18. How many jobs does (this person) have at the same time? _____

19. Let's talk about (this person's) **current job** (If this person has more than one job say): **the one with the most hours per week.**

Is this temporary work or odd jobs, seasonal employment, self-employment, or a regular job?

☐ Temporary

☐ Self-Employment

☐ Seasonal

☐ Odd Jobs

☐ Regular Job

19.1 About how many hours per week does (this person) usually work at this job?

_____Hours

19.2 How much does (this person) earn at this job per hour? (Note: Gross Income)

Please include all earnings such as tips, commissions, regular overtime pay, and so on. (Prompt if R. refuses to give hourly earnings): You can tell how much per hour or per week.

\$_____ per Hour

\$_____ per Week

☐ Don't Know

☐ No Response

19.3 About how long has (this person) worked for this employer?

_____ ☐ Weeks

☐ Months

☐ Don't Know

☐ No Response

If this **person has only one job** - go to page 16, question 21

If working more than one job, continue

20. (Say): **Now, about** (this person's) **job with the next most hours per week...**

Is this temporary work or odd jobs, seasonal employment, self-employment, or a regular job?

☐ Temporary

☐ Self-Employment

☐ Seasonal

☐ Odd Jobs

☐ Regular Job

20.1 About how many hours per week does (this person) usually work at this job?

_____Hours

20.2 How much does (this person) earn at this job per hour? (Note: Gross Income)

Please include all earnings such as tips, commissions, regular overtime pay, and so on. (Prompt if R. refuses to give hourly earnings): You can tell how much per hour or per week.

\$_____ per Hour

\$_____ per Week

☐ Don't Know

☐ No Response

20.3 About how long has (this person) worked for this employer?

_____ ☐ Weeks

☐ Months

☐ Don't Know

☐ No Response

21. The federal government allows parents who make less than about \$30,100 a year to receive an Earned Income Tax Credit. Are you aware of the federal Earned Income Tax Credit?
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response

If **No, Don't Know or No Response**, go to question 21.1

If **Yes**, continue

- 21.2 Are you receiving the federal Earned Income Tax Credit on your paycheck?
(Interviewer note: This pertains to a current paycheck only)
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response
- 21.3 Did you receive the federal Earned Income Tax Credit when you filed your income taxes this year?
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response
- 21.4 Do you plan to apply for the federal Earned Income Tax Credit next year?
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response

- 21.1 The State of Wisconsin allows parents who are eligible for the federal Earned Income Tax Credit to also receive a state Earned Income Tax Credit. Are you aware of the state Earned Income Tax Credit?
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 17, question 22

If **Yes**, continue

- 21.1.3 Did you receive the state Earned Income Tax Credit when you filed your income taxes this year?
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response
- 21.1.4 Do you plan to apply for the state Earned Income Tax Credit next year?
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response

CONTINUE on page 17

22. Wisconsin has a Homestead Credit program, which provides relief to renters and homeowners who have income of less than \$19,154 and meet other qualifications. Are you aware of this tax credit?
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response

If **No, Not Eligible, Don't Know, or No Response** - go to page 18, question 23

If **Yes**, continue

- 22.1 Did you receive the Homestead Tax Credit when you filed your income taxes this year?
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response
- 22.2 Do you plan to file for the Homestead Tax Credit when you file your income taxes next year?
- ☐ YES ☐ NO ☐ Not Eligible ☐ Don't Know ☐ No Response

CONTINUE on page 18

I'd like you to think about the last two years. Did the following happen? If Yes, PROBE: Did this happen while you were receiving W-2 or AFDC cash benefits, when you weren't receiving cash benefits, or both?

(Interviewers note): The respondent may have been on and off W-2 multiple times.

(Circle yes or no), if yes, check when it happened

Check all that apply: on or off w-2 or both

	Did it Happen		ON W-2	OFF W-2
23. Did a car or truck get taken away because you could not keep up payments?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you gotten behind in rent or other payment for housing?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
25. Did you have to move because you could not pay for housing?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
26. Did you get behind on a utility bill?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
27. Did you go without electricity in your home?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
28. Did you go without heat in your home?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
29. Did you have to go to a homeless shelter?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
30. Was your telephone cut off?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
31. Did your child or children have to live with someone else because you could not take care of them?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
32. In order to work, have you needed a regular baby sitter or child care service but could not find it?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
33. In order to work, did you need a regular baby sitter or child care service but could not <u>pay</u> for it?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
34. Was somebody in your home sick or hurt when you could not afford to get medical care?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
35. Have you moved in with anyone to share household expenses?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
36. Has anyone moved in with you to share household expenses?	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
37. Was there a time when you had no way to buy food? (PROBE for on/off welfare)	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>

If **no**, go to page 20, question 39

If **yes**, continue

37x. Did this happen while you were receiving W-2/AFDC cash benefits, when you were NOT receiving cash benefits, or both?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

37.1A.

If YES while **ON** welfare: When you did not have money for food while you were on welfare, what did you and your family do?

If YES while **OFF** welfare: When you did not have money for food while you were NOT on welfare, what did you and your family do?

(Prompt): **Did you and your family do anything else?**
(Do not read responses; check all that apply.)

Check all that apply: on or off w-2 or both

	ON W-2	OFF W-2
37.1.a Went hungry	<input type="checkbox"/>	<input type="checkbox"/>
37.1.b Got meals or food at food pantry/food kitchen/shelter	<input type="checkbox"/>	<input type="checkbox"/>
37.1.c Got meals/food/money for food from church	<input type="checkbox"/>	<input type="checkbox"/>
37.1.d Were given food or money for food by friends/relatives	<input type="checkbox"/>	<input type="checkbox"/>
37.1.e Other_____ (specify)	<input type="checkbox"/>	<input type="checkbox"/>
37.1.f Other_____ (specify)	<input type="checkbox"/>	<input type="checkbox"/>

EVERYONE

39. (Say): The following questions concern baby-sitting or child care arrangements you may have for your children under age 13. Please tell me the names of your children who live with you and who are 13 or younger. **Interviewer: List all children under age 13 in grid below.**

If **No Children under 13**, go to "General Life Questions": *page 23, question 51*

List youngest to oldest

		A	B	C	D	E	F	G
	Child's First Name	Primary Type of Child Care (A*)	In/Out of Home?	Hrs per week	Pay for care? (D*) All/part/none	\$ parent pays/ week	Primary reason for Choice (F)	Why no child care (G*)
39.1								
39.2								
39.3								
39.4								
39.5								
39.6								
39.7								

Questions for the above grid:

(*A): Say: **Who do you have look after [child] while you are at work, in training, or searching for a job, and when [CHILD] is not in school? Is it a Friend, Family Member, Child Care Center, Preschool, Family Day Care or some other person or child care situation?**
(Interviewer: PROBE vague answer e.g., "sitter," "family member" or "relative". If more than one arrangement, ask: **Who does he/she spend more time with?** Write in response).

(*B): Say: **Is child care provided in or outside your home?**

(*D): Say: **Do you pay for all of your child care, part of your child care, or none of it?**

(*E): Say: **About how much do you spend on child care per week?**

(*F) Say: **What is your primary reason for this choice?**

(Choice one of the reasons below - don't read the list.)

- | | |
|---------------------------|--|
| 1. Free care | 6. Know/Trust provider/ is safe and secure |
| 2. Affordable care | 7. Licensed or certified provider |
| 3. Quality of care | 8. Child care assistance accepted |
| 4. Flexible hours | 9. Other (specify) _____ |
| 5. Location is convenient | |

(*G) (If 39A=no child care or if child watches self): **What would you say is the main reason you don't have child care for [CHILD]?** (Write in Respondent's response)

40. Have you applied for W-2 Child Care assistance?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

If **No, Don't Know, or No Response** - go to question 42

If **Yes**, continue

40.1 How did you first learn about this help to pay for child care? (Don't read answers)

(Check one)	✓
A. Worker (W-2/FS/MA)	<input type="checkbox"/>
B. Pamphlet/poster	<input type="checkbox"/>
C. Friend/relative/neighbor	<input type="checkbox"/>
D. Child care provider	<input type="checkbox"/>
E. Radio/newspaper/television	<input type="checkbox"/>
F. Community agency	<input type="checkbox"/>
G. Child care referral agency/Children services network	<input type="checkbox"/>
H. Other _____ (specify)	<input type="checkbox"/>
I. Other _____ (specify)	<input type="checkbox"/>

41. Does your W-2 or county agency help you pay for your child care?

☐ YES

☐ NO

☐ Authorization Pending

☐ Not Eligible

☐ Don't Know

☐ No Response

If **Yes, Authorization Pending, Not Eligible, Don't Know or No Response**, go to question 43

If **No**, continue

42. (IF NOT GETTING CHILD CARE ASSISTANCE): What is the main reason you are not getting this help? (Write in respondent's answer)

If **NO CHILD CARE** in question 39, go to page 23, question 51

43. Would you change your primary care provider if you could?

☐ Yes

☐ No

☐ Don't Know

☐ No Response

If **No, Don't Know, or No Response**, go to page 22, question 45

If **Has changed providers**, continue

44. What is the main reason you would change providers? (Write in respondent's answer)

45. Since leaving W-2 cash assistance, have you had problems working or getting a job because of problems with child care?
- ☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response**, go to question 48

If **Yes**, continue

46. Do any of the following describe problems you have had when you're working or searching for a job? (Read): Each question, and check appropriate response.
Check all that are appropriate

	YES	NO/ NA	Don't Know	No Response
A. Getting care for infants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Getting care for sick children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Getting care for disabled children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Getting after school care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Getting care during school breaks or summer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Getting care during shift work hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **yes to F.**, **PROBE: G. What type of shift work?** (check all that apply)

- ☐ G.1 Second shift (e.g., 3pm – 11 pm)
☐ G.2 Third shift (e.g., 11 pm – 7 am)
☐ G.3 Rotating/swing shift

- H. Are there any other child care problems you've had while you're working or looking for a job?
- ☐ ☐ ☐ ☐

(specify)

47. When you were working or looking for work, did any of the following happen?

(Read options. Check all that apply.)

- ☐ A. You weren't hired by a potential employer because of child care problems?
☐ B. You were unable to work full-time because of child care problems?
☐ C. You were warned by your supervisor or employer because of child care problems?
☐ D. You were disciplined by your supervisor or employer because of child care problems?
☐ E. You had to quit a job because of child care problems?
☐ F. You were fired because of child care problems?

48. How often do you have a transportation problem to and from a child care provider? Would you say frequently, sometimes, not very often, or never?

- ☐ Frequently ☐ Sometimes ☐ Not Very Often
☐ Never ☐ Not Applicable ☐ Don't Know

CONTINUE with "GENERAL LIFE QUESTIONS": page 23, question 51.

GENERAL LIFE QUESTIONS

I'd like to ask you a few questions about how you've been doing since you stopped receiving W-2 payments between July and September of 1998 compared to how you were doing when you were receiving W-2.

51. Now that you are not receiving W-2, would you say you are better at setting goals for yourself, worse at setting goals for yourself, or that there is no difference?
☐ BETTER ☐ WORSE ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE
52. Would you say you worry more about money, worry less about money, or that there is no difference?
☐ MORE ☐ LESS ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE
53. Would you say you make better decisions, worse decisions, or that there is no difference?
☐ BETTER ☐ WORSE ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE
54. Now that you are not receiving W-2, would you say your attitude towards working is better, your attitude towards working is worse, or that there is no difference?
☐ BETTER ☐ WORSE ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE
55. Would you say the way you manage your life is better, the way you manage your life is worse, or that there is no difference?
☐ BETTER ☐ WORSE ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE
56. Would you say you feel better about yourself, worse about yourself, or that there is no difference?
☐ BETTER ☐ WORSE ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE
57. Now that you are not receiving W-2, would you say you are better at handling money, worse at handling money, or that there is no difference?
☐ BETTER ☐ WORSE ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE
58. Would you say you worry more about your family, worry less about your family, or that there is no difference?
☐ MORE ☐ LESS ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE
59. Would you say you feel more stress, less stress, or that there is no difference?
☐ MORE ☐ LESS ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE
60. Would you say you feel more satisfied with your life, less satisfied with your life, or that there is no difference?
☐ MORE ☐ LESS ☐ NO DIFF. ☐ DON'T KNOW ☐ NO RESPONSE

PARTICIPANT'S PERCEPTION OF W-2

Next, I would like to ask you a few questions about your experience while you were participating in W-2. Some of these questions may not be applicable to your W-2 experience, but I need to ask you all of them for the purposes of our survey.

61. Would you say your W-2 workers were not at all helpful, somewhat helpful, or very helpful in preparing you for work?
- ☐ NOT HELPFUL ☐ SOMEWHAT HELPFUL ☐ VERY HELPFUL
☐ DON'T KNOW ☐ NO RESPONSE
62. Would you say the W-2 program is much better, somewhat better, somewhat worse, or much worse than the old AFDC program?
- ☐ MUCH BETTER ☐ SOMEWHAT BETTER ☐ DON'T KNOW
☐ MUCH WORSE ☐ SOMEWHAT WORSE ☐ NO RESPONSE
63. Would you say the W-2 rules and regulations are very clear, somewhat clear, somewhat confusing, or very confusing?
- ☐ VERY CLEAR ☐ SOMEWHAT CLEAR ☐ NO RESPONSE
☐ VERY CONFUSING ☐ SOMEWHAT CONFUSING ☐ DON'T KNOW
64. Would you say you definitely will, probably will, probably will not, or definitely will not apply for W-2 cash assistance again?
- ☐ DEFINITELY WILL ☐ PROBABLY WILL ☐ DON'T KNOW
☐ DEFINITELY WILL NOT ☐ PROBABLY WILL NOT ☐ NO RESPONSE
- 64.1 What is the **MAIN REASON** you [would/would not] apply for W-2 cash assistance again?
-

CONTINUE with "PROGRAM SERVICES", page 25

PROGRAM SERVICES

65. When you first applied for W-2, did you believe you had the skills, education, and capability you needed to obtain a job?
☐ YES ☐ NO ☐ Don't Know ☐ No Response

66. After becoming W-2 eligible, did your W-2 agency offer or assign you any of the following training? For each question 1, 2, 3 If yes (it was offered) say: **Did you take it?** If yes (they took the training offered) read the respective question (1a, 2a, 3a) from the grid below.
 (Write appropriate response in grid: Y=Yes, N=No, NA=Not Applicable, DK=Don't Know, NR=No Response)

	Offer?	Take?		Did...?
1. Workshops for improving your English reading or writing skills?			1a. Did the training help you improve your English skills?	
2. High school equivalency, GED, or HSED?			2a. Did the training help you obtain a high school equivalency?	
3. Skills training in a workshop, classroom, or on-the-job setting?			3a. Did the training help you in finding a job?	

67. After becoming W-2 eligible, did you attend a job preparation and life skills workshop?
☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to question 69

If **Yes**, continue

68. Was the workshop helpful or not helpful in:
 (Read items):

	Helpful	Not Helpful	Don't Know	No Response
68.1 Finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.2 Keeping a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.3 Dealing with life's daily issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.4 Budgeting your income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.5 Improving your self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.6 Being a better parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.7 Developing goals for a career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.8 Assessing your employment skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. Have you ever received or applied for a Job Access Loan?
☐ Applied for ☐ Received ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to page 26, question 70

If **Received or Applied for**, continue

- 69.1 What did you use or intend to use the Job Access Loan for? (Write in respondent's answer)

Now I'm going to ask you about W-2 employment positions. I am talking about Community Service Jobs, W-2 Transitional placements, and Trial Jobs.

70. Did you have at least one Community Service Job or CSJ?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

If **No, Don't Know, or No Response** - go to question 71

If **Currently or Previously Participated (YES to 70)**, continue

70.1 Did it improve your employment skills that could be used in a regular job?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

70.2 Did it help you improve your work habits?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

70.3 Was classroom training included?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

If **No, Don't Know, or No Response** - go to question 71

If **Yes**, continue

70.4 Did the training help you in finding a job?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

71. Did you ever participate in a W-2 Transitions or W-2T placement?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

If **No, Don't Know, or No Response** - go to page 27, question 72

If **Currently or Previously Participated (YES to 71)**, continue

71.1 I'm going to read you some possible reasons for participating in a W-2 Transitions placement. Do any of the following apply to you? ([Read list](#))

YES

NO

☐

☐

A.

You didn't have recent job skills necessary to get a job and needed services to become employable?

☐

☐

B.

You were caring for a disabled child or your child's other parent?

☐

☐

C.

You were waiting for a decision on your application or appeal for SSI?

☐

☐

D.

You were temporarily unable to work for medical reasons?

☐

☐

E.

You had to, or your worker assigned it?

☐

☐

F.

Is there another reason I haven't mentioned? _____

71.2 Did your W-2 Transitional activities improve your skills that could be used on a regular job?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

72. Were you ever employed in a trial job?
☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, or No Response** - go to question 72.xx

If **Yes**, continue

72.1 Did it lead to a permanent job with that employer?
☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **Yes, Don't Know, or No Response**, go to page 28, question 73

If **No**, continue

72.2 Why do you think your trial job didn't lead to a permanent job?

Check all that apply. Do not read answers.

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Job ended | (Other Specify) |
| <input type="checkbox"/> Didn't have the skills required for the job | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Quit | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Fired | |

If **YES to ANY ONE of Q.70, Q.71 or Q.72**, go to page 28, question 73

If R Answers **NO TO ALL Q.70, Q.71 & Q.72**, CONTINUE

72.xx Were you caring for a newborn while you were receiving W-2 cash payments?
☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **Yes**, go to page 28, question 73

If **No, Don't Know, or No Response**, CONTINUE

72.yy How did you participate to earn your W-2 cash payments? (Write in R's response)
(PROBE: Did your caseworker require you to perform any assigned activity?)

If **Don't Know, No response, or Refused**, go to page 28, question 73

If **any response**, CONTINUE

70.1.y Did the activity improve your employment skills that could be used in a regular job?
☐ YES ☐ NO ☐ Don't Know ☐ No Response

70.2.y Did the activity help you improve your work habits?
☐ YES ☐ NO ☐ Don't Know ☐ No Response

70.3.y Was classroom training included?
☐ YES ☐ NO ☐ Don't Know ☐ No Response

70.4.y Did the activity help you in finding a job?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

73. Considering your overall experience in W-2, did the W-2 program help you get a job?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

74. Are you currently in an education or training program not assigned by W-2?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

CONTINUE on page 29

If **R has NO children ages 1-18**, go to page 32, question 80.1

If **R has ONE CHILD between ages 1-18**, CONTINUE:

Now I'd like to ask you a couple questions about how your child has been doing in the last six months.

If R has more than one child:

Now I'd like to ask you a couple questions about how one of your children has been doing in the last six months. We're only asking about one child so we can keep the interview shorter. The child I'm going to ask about, [SAMPLE CHILD], has been selected randomly.

(Select the child whose first name comes first alphabetically)

Sample child's name: _____

75. I'd like to ask you about emotional or attitude changes you may have noticed in [SAMPLE CHILD] in the last six months. They can be good changes or bad changes.

Compared to six months ago...

	MORE	LESS	SAME	Don't Know	No Resp.
75.1 Would you say [CHILD] is more happy, less happy, or about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75.2 Would you say [CHILD] is more calm and easy-going, less calm and easy-going, or about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75.3 Would you say [CHILD] shows more concern for the feelings of others, less concern for the feelings of others, or about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75.4 Would you say [CHILD] is more respectful and obedient, less respectful and obedient, or about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. Now I'd like to ask you about changes in [SAMPLE CHILD]'s behavior that you might have noticed in the last six months.

Compared to six months ago...

	MORE/ BETTER	LESS/ WORSE	SAME	Don't Know	No Resp.
76.1 Would you say [CHILD] is more outgoing, less outgoing, or about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76.2 Would you say [CHILD] behaves better, behaves worse, or is about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76.3 Would you say [CHILD] gets along better with other children, gets along worse with other children, or is about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76.4 Would you say [CHILD] is more physically active, less physically active, or is about the same? ☐ ☐ ☐ ☐ ☐

77. Was [SAMPLE CHILD] in kindergarten through twelfth grade during this past school year?
(Interviewer's note: the school year ending June 1999).
☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, No Response**, go to page 31, question 78,

If **Yes**, continue

I'd like to ask you if [SAMPLE CHILD]'s performance in school changed between January 1999 and the end of this past school year.

At the end of this past school year...

	MORE/ BETTER	LESS/ WORSE	SAME	Don't Know	No Resp.
77.1 Would you say [CHILD]'s grades had improved, gotten worse, or had stayed about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77.2 Would you say [CHILD] was trying harder to learn, trying less hard, or trying about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77.3 Would you say [CHILD]'s attendance at school got better, got worse, or stayed about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77.4 Would you say [CHILD] was more involved with school activities like clubs and sports, was less involved, or was about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77.5 Would you say [CHILD] was getting Along better with children in school, Getting along less well with children in School, or was about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77.6 Would you say [CHILD] was getting Along better with teachers, was getting Along less well, or was about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

78. Now I would like to ask you about changes you might have noticed in [SAMPLE CHILD]'s health in the last six months.

Compared to six months ago...

	MORE	LESS	SAME	Don't Know	No Resp.
78.1 Would you say [CHILD] has complained of not feeling well more often, less often, or about the same amount?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78.2 Would you say [CHILD] is healthier, is less healthy, or is about the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If R indicates **ANY CHANGE** in response to questions 75-78, go to *question 80.y*

If R answers **“NO CHANGE” to all questions**, CONTINUE

80. Would you say there's been **ANY** change in [SAMPLE CHILD] in the past six months that's **out of the ordinary**?

☐ YES ☐ NO ☐ Don't Know ☐ No Response

If **No, Don't Know, No Response**, go to *page 32, question 80.1*

If **Yes**, continue (Note: Changes can be positive or negative)

80.y What is the **BIGGEST CHANGE** you've noticed in [SAMPLE CHILD] in the past six months that's **out of the ordinary**?

(If R says "attitude" - PROBE: Either "What do you mean?" or "Did [child's] attitude change for the better or for the worse?")

80.x What do you think is the **MAIN REASON** that this change occurred?

(PROBE until you understand what the main reason is)

CONTINUE on *page 32*

EVERYONE

Next, I will read a list of benefits, services, and types of support. I would like you tell me whether you or a family member in your home receives it. For the purpose of the next few questions, family members include only your children and your spouse, or the parent of at least one of your children.

Interviewers: The starred questions are cash benefits. This is to determine what respondents' sources of cash income are. See question 80.5.

80.1 Are you or your family receiving any of the following?

(Read): The list of items Check all that apply

- ☐ **A. Food Stamps**
- ☐ **B. WIC (Women’s, Infants, Children) -supplemental nutrition program**
- ☐ **C. Charitable food through meal programs, food pantries or shelters**
- ☐ **D. Rent Assistance, Rent Subsidy, Public Housing or Section Eight**
- ☐ **E. Free housing from a parent or other relative**
- ☐ **F. Help from family or friends in paying bills. PROBE:**

F.1 Do these family and friends live with you?

- ☐ **YES** ☐ **NO** ☐ **Don’t Know** ☐ **No Response**

- * ☐ **G. Child support from a child’s parent**
- * ☐ **H. Foster Care Payments**
- * ☐ **I. Kinship Care payments**
- * ☐ **J. Caretaker’s Supplement payments**
- * ☐ **K. Tribal payments**

80.2 Are you or anyone in your family receiving any of the following? PROBE: Who receives that?

(Check all that apply)

	<u>SELF</u>	<u>FAMILY</u>
* A. Loans and grants for college or vocational school	<input type="checkbox"/>	<input type="checkbox"/>
B. Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol or Other Drug Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>
* D. SSI benefits	<input type="checkbox"/>	<input type="checkbox"/>
* E. SSDI benefits	<input type="checkbox"/>	<input type="checkbox"/>
* F. Social Security	<input type="checkbox"/>	<input type="checkbox"/>
* G. Worker’s Compensation	<input type="checkbox"/>	<input type="checkbox"/>
* H. Money from a retirement or pension fund	<input type="checkbox"/>	<input type="checkbox"/>
* I. Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>

80.3 During the past year, did anyone in your family get help from...?

(Check all that apply)

FAMILY

A. Summer Food Service program for Children

☐

B. Free and reduced school lunch program

☐

C. School Breakfast program

☐

D. Low-income energy assistance or other fuel assistance

☐

80.4 Did you receive a benefit or service that I didn't mention?

☐ YES

☐ NO

☐ Don't Know

☐ No Response

If YES: What kind of benefit or service is that? Do you receive cash from that? Who receives that?

(PROBE): Anything else?

CASH

SELF

FAMILY

Yes

No

* A. _____

☐

* ☐

☐☐

* B. _____

☐

* ☐

☐☐

80.5 IF RESPONDENT ANSWERS NO TO ALL *STARRED* BENEFITS ABOVE,
CHECK THIS BOX ☐

There are some benefits that you may still be eligible for after you leave W-2. The next few questions will ask whether you've heard about these benefits or not.

(Read before each): Did you know that after W-2:

Yes

No

81. you may be eligible for Food Stamps?

☐☐

82. your children may continue to be eligible to get Medicaid?

☐☐

83. adults who work may be eligible to get Medicaid?

☐☐

84. you may be eligible for help with child care expenses?

☐☐

85. services from the child support agency are still available to you?

☐☐

86. and after working 9 months you may be eligible for partial funding for training and education, which offers childcare subsidy?

☐☐

86.1 What is the ***MOST IMPORTANT*** reason you say that you stopped receiving W-2 payments?

86.2 Are there any other reasons you stopped receiving W-2 payments? (PROBE fully)

If **Respondent has any of the above sources of cash income**, go to page 35, question 90

If Respondent has **NO INCOME** from work, no working spouse, and does not receive the following benefits – child support, foster care payments, kinship care payments, C-Supp payments, tribal payments, loans/grants for college, SSI, SSDI, Worker's Comp, Retirement \$, Unemployment Comp. [**Answers NO to flag questions 2, 15, and 80.5**]: Continue

87. **My notes suggest that you and your family may not have a cash income from work or from benefits. How do you support yourself for shelter and food from month to month? Probe: Any other ways? (PROBE: If R says something along the lines of "we get by", ask what they mean.)**

Check all that apply. Do not read answers.

- ☐ A. Support from other adults in the household
- ☐ B. Support from adults outside the household
- ☐ C. Boarders
- ☐ D. Charity from non-profit agencies such as the Salvation Army, St. Vincent de Paul, churches, county or agency vouchers, etc.
- ☐ E. Informal cash income. From
 - ☐ Junking,
 - ☐ Odd jobs,
 - ☐ Selling plasma,
 - ☐ Selling aluminum,
 - ☐ Shoveling snow or lawn care,
 - ☐ Occasional baby-sitting etc.
 - ☐ Other (specify) _____
- ☐ F. In-kind benefits (meals, housing, clothing, garden produce) in exchange for services – not compensated with cash.
- ☐ G. Savings
- ☐ H. Other _____ (specify)
- ☐ I. Other _____ (specify)
- ☐ R. Refused

Interviewer's Note: If respondent talked about a household member that was not discussed in the household grid on page 1, say: **My notes tell me that you mentioned a person during the interview that we did not talk about in the beginning. If possible: I'm talking about [NAME]. Can we go back and get some household information about that person?**

Go to question 1, page 3 and fill in information for that person.

Thank you for taking the time to participate in this survey. We may contact you with follow-up questions sometime in the next year. You can expect the \$25 money order in 2 - 3 weeks.

90. We will not forward money orders, so please tell me what address you would like you money order sent to.

Those are all the questions I have. Thank you again for your cooperation.

END TIME FOR INTERVIEW: _____

INTERVIEWER COMMENTS: Record any events that may have affected the interview.